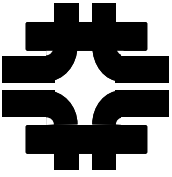


INSTRUCTIONS FOR COMPLETING THE FESS PERMIT FOR MODIFICATIONS TO FERMILAB SANITARY SEWERAGE SYSTEMS

1. This permit shall be completed prior to work for modifications on any Fermilab sanitary sewerage system. It applies to work done by Fermilab employees as well as work done by subcontractors. Repair work which does not change piping configuration does not require a permit.
2. By complying with all state and federal standards in the monitoring of sanitary sewerage, F.E.S. Section (Facilities Engineering Services Section) is the official custodian responsible for the control of the discharge of sewerage from Fermilab to sewage treatment off site.
3. The purpose of this form is to improve communication within the Laboratory for the monitoring and treatment of various liquid wastes being discharged into Fermilab sanitary sewer systems.
4. This permit will be used as evidence that a review was made of proposed work and complies with Fermilab ES&H Manual Section 8025 - "Wastewater Discharge to Sanitary Sewers."
5. FES-Engineering will require a budget code for chargeback (min. 2 hours), for initial review, including field visit, inspection at completion, and configuration control (as-builts and P.M. input).
6. Include the following documentation with completed permit:
 - Copy of requisition
 - Copy of Fermilab Work Permit
 - Location of Project on Fermilab Vicinity Plan
 - Proposed modifications to sanitary sewerage system in the form of scaled drawings consisting of plumbing plans (indicating location of proposed work), along with an orometric or riser diagram indicating modifications to existing sanitary sewerage system.

APPENDIX A



FESS PERMIT FOR MODIFICATIONS TO FERMILAB SANITARY SEWERAGE SYSTEMS

Building Name _____

RPIS No. _____ Division/Section _____

Building Manager _____

Phone/Pager No./Mail Station _____

Job Title/Project No. _____

P.O. or Task Order No./Budget Code _____

Task Manager _____ Fermilab I.D. No. _____

Phone/Pager No./Mail Station _____

Brief Description of Modifications to Fermilab Sanitary Sewerage System, along with a description of influent being discharged into Sanitary Sewerage System:

Anticipated Start Date _____ Anticipated End Date _____

Name and address of Plumbing Subcontractor:

Illinois Plumber License No. _____

Comments:

F.E.S. Section Approval _____ Date: _____

(Name and ID No.)